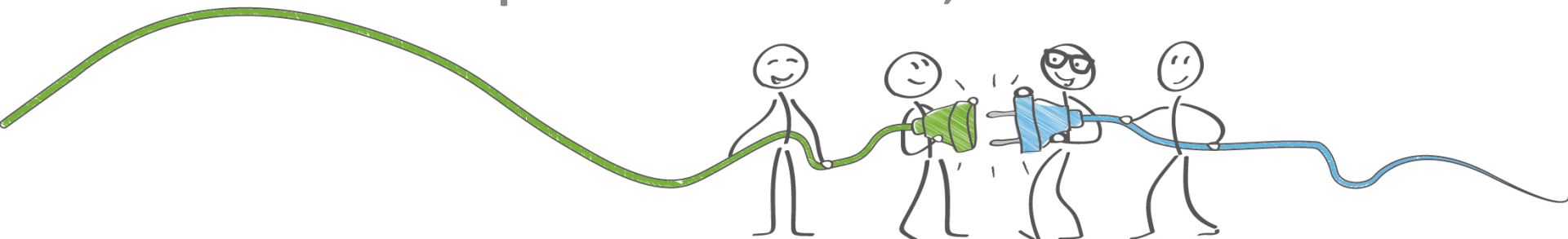


**REACHING OUT, TESTING
E LINKAGE TO CARE IN HIV:**
ESPERIENZE, CONSIGLI PRATICI, COSA NON FARE

Reaching out MSM: L'esperienza in esterno

Silvia Nozza

Ospedale San Raffaele, Milano



REACHING OUT, TESTING E LINKAGE TO CARE IN HIV:

ESPERIENZE, CONSIGLI PRATICI, COSA NON FARE

Ai sensi dell'art. 3.3 sul Conflitto di Interessi, pag. 18,19 dell'Accordo Stato-Regione del 19 aprile 2012

Silvia Nozza

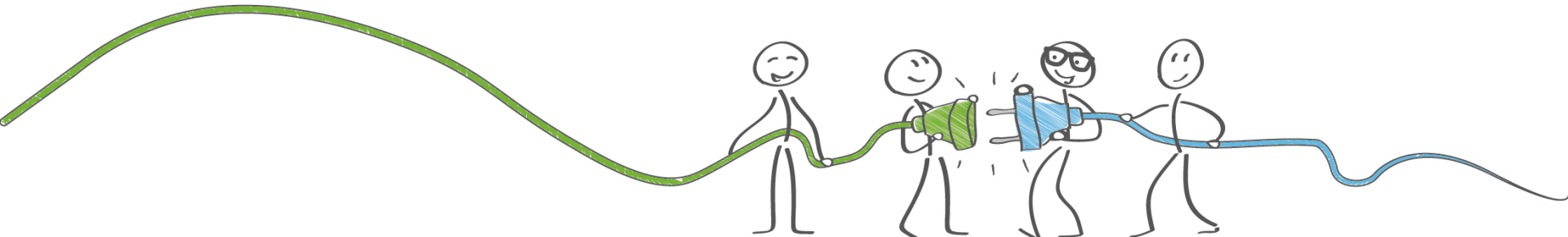
dichiara


che negli ultimi due anni ha avuto i seguenti rapporti anche di finanziamento con soggetti portatori di interessi commerciali in campo sanitario:

Gilead Sciences, Janssen, Merck and ViiV Healthcare

Oppure
dichiara

di non aver avuto rapporti di finanziamento con soggetti portatori di interessi commerciali in campo sanitario





Published in final edited form as:

Health Promot J Austr. 2019 June 05; 31(1): 150–155. doi:10.1002/hpja.263.

How can HIV/STI testing services be more accessible and acceptable for gender and sexually diverse young people? A brief report exploring young people's perspectives in Queensland

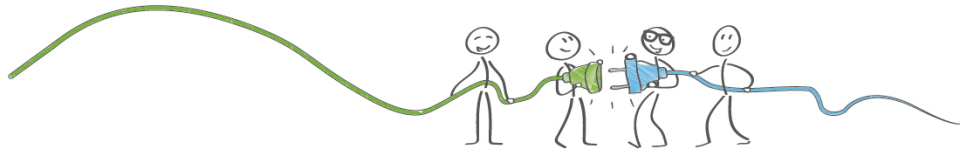


Table 2
Key themes to guide HIV/STI testing interventions

	Location	Type of service	Setting	Provider
Description of an ideal service	Diverse locations e.g. clubs, sex shops, LGBTIQ+ events, educational settings, home.	Holistic care including prevention, testing and treatment. Provisions of free SRH technologies and food.	Comfortable, non-clinical and safe, including flags and posters to represent inclusion. Allow pets and include pet therapy.	Informed about diverse bodies and unique needs of diverse young people, relatable and respectful.
Current barriers	Difficulties related to distance required to travel, particularly for those living outside the city and those who rely on parents for transport. Lack of knowledge about where to be tested.	Costs associated with consultations and SRH technologies. Universal healthcare insurance in the name of parents, undermining confidentiality and privacy. Wait times and language barriers. Fear associated with results, examination procedures, and forced disclosure of sexual practices. Prioritising basic needs over sexual health.	Discriminatory settings, including experiences of cisism, heterosexism, racism.	Judgemental, use of binary language, lack of knowledge related to diverse bodies and sexual practices. Privacy and confidentiality, particularly from health professionals with regard to parents.
Facilitators	A discreet physical location that is well known and accessible via public transport. The need for more testing services outside urban areas. Close proximity to broader health care services, including general practices, pharmacies, and mental health and homelessness services.	Free consultations and provision of SRH technologies. Access to broader health and wellbeing services and professionals. Broader sexual and relationship health awareness and education that is inclusive of GSDYP's experiences and needs. Incentives.	Inclusive and non-judgemental.	Choice of providers who are non-judgemental and support young people in decision-making processes.



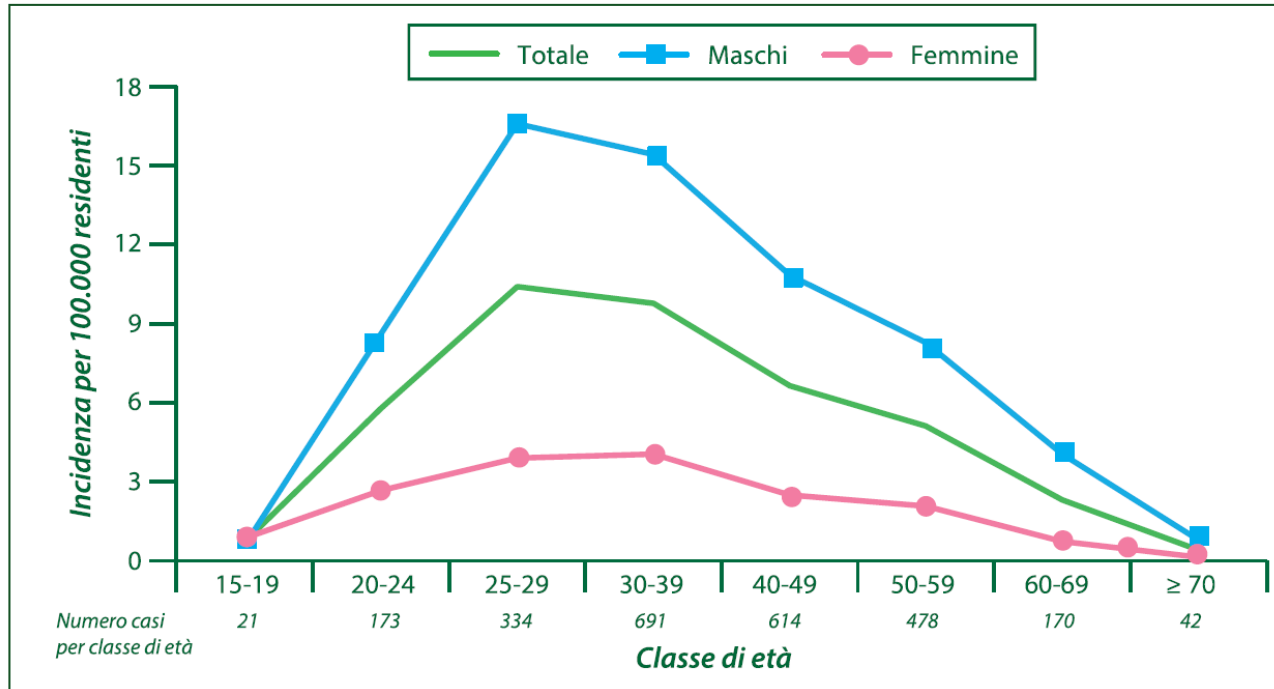


Figura 5 - Incidenza delle nuove diagnosi di infezione da HIV per classe di età e genere (2019)

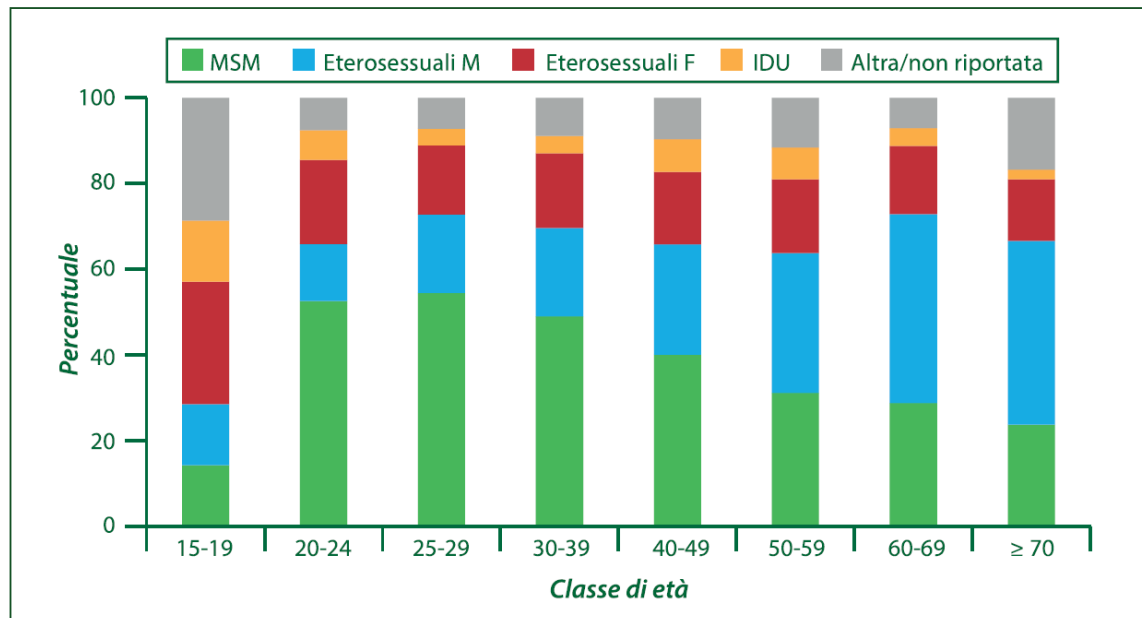
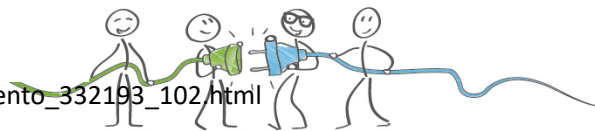
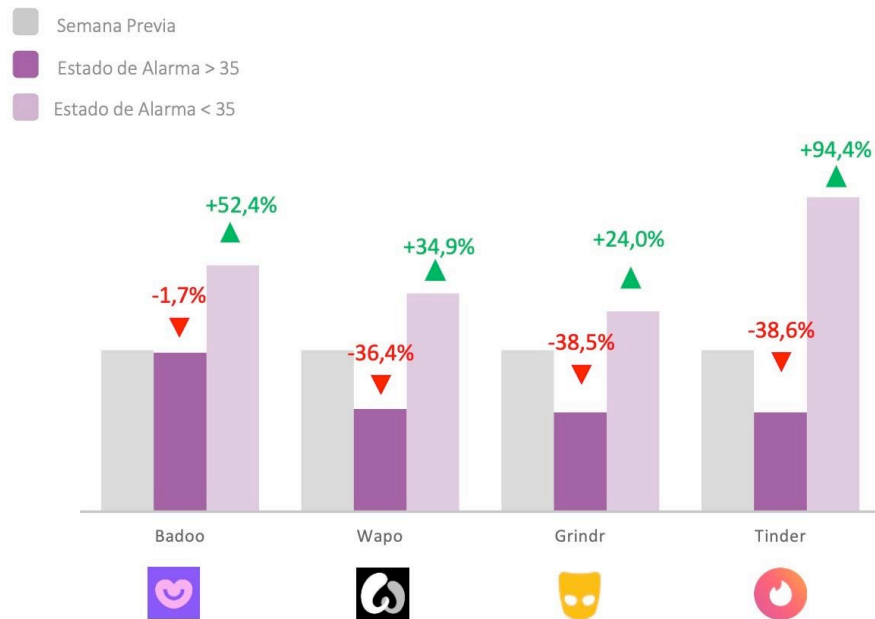


Figura 4 - Proporzioni delle nuove diagnosi di infezione da HIV per classe di età e modalità di trasmissione (2019)



Variación de uso en las apps para ligar por edad

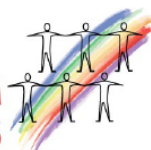




Testing MSM in Cruising Venues

Authors : D.Zagato, A.Andolina, L.Beltrami, A.Bianchi, C.Ferrara, E.Garavaglia, V.LaMonica, S.Lolli, L.Londei, F.Maddaloni, M.Manfredini, V.Nicotera, D.Pennisi, A.Pezzotti, M.Pierini, F.Poletti, F.Riili, C.Romero, J.Scalisi, P.Testoni, L.Valpreda, P.Vinti, A.Ünlü, M.Zoia, M.Cernuschi.

ASA
ONLUS



**Associazione
Solidarietà
AIDS**

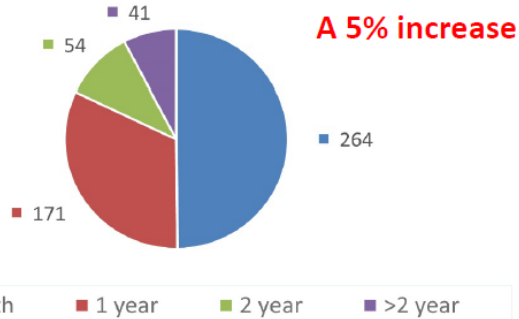


Asa Onlus has administered HIV rapid finger-prick tests, anonymously and free of charge, from April 2018 to March 2019, in MSM cruising venues in order to screen high risk populations.

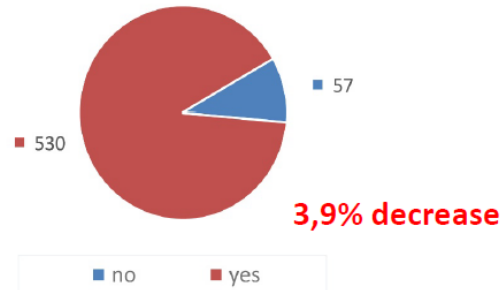
Sample

587 male users, Age 31-40 28,29%, High School 43,95 %, **Already tested 90,28 %**, **Using Chems&drugs 19.93%**, **Knowledge of PrEP 67,80%**, **Group sex in venues 57%**, **Did not know partner health status 67,7%**, **Ejaculation In Mouth 38,33%**.

When last test (sample of 587)



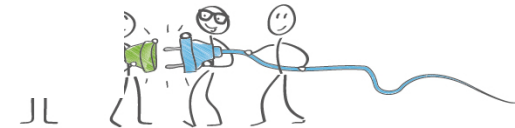
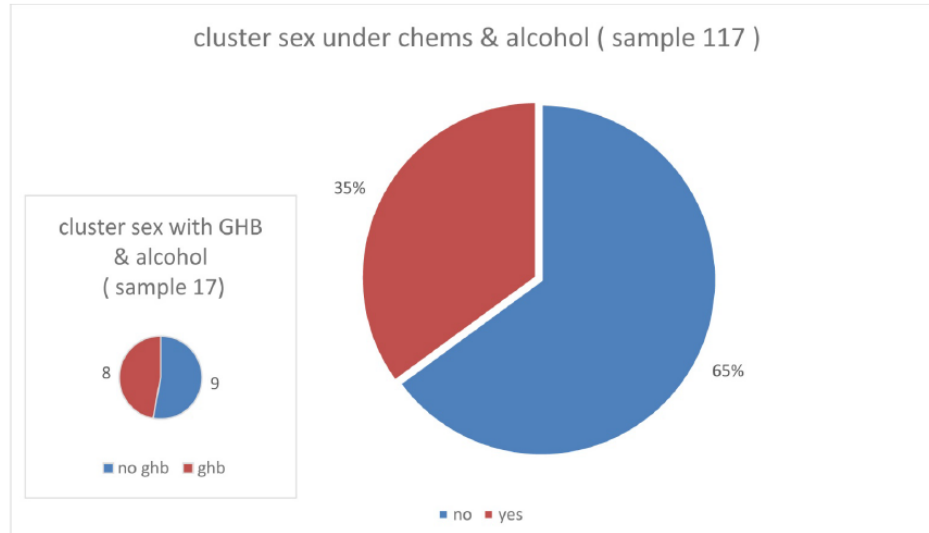
Already Tested (sample of 587)



RESULTS : USE OF CHEMS

Sample 117

- 42 declare to use chems with alcohol 1 or in combination (12)
- 28 declare to use chems during group sex
- 27 declare to combine 1 or more chems at a time
- 8 declare to use GHB (1 or in combination) and declare to use also alcohol during chemsex
- 42 declare to have sex with chems with casual partners and to never or sometimes use condom (21 have never asked the HIV status of the partner)



RESULTS : REACTIVE INDIVIDUALS

Out of 587 , 10 turned to be reactive (8 in follow up)

5 in follow-up (4 of them treated in Milan, 1 in Alessandria)

2 already knew their HIV status

2 non-resident in Milan, no feedback

1 on prep on demand, badly taken

Subjects' behaviour

1 subject: never tested before

10 subjects: sometimes/often penetration with condom

3 subjects: use of chems during sex

9 subjects: never known a sex partner with HIV

9 subjects: group sex or more than 1 partner in venues



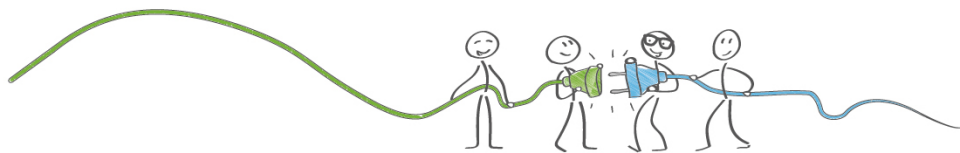
Conclusions


- In the general sample and in comparison with the last study, more people accepted having sex with PLWH on treatment.
- The trend of having non protected sex with partner whose HIV status is unknown or is assumed negative supposing a lower risk persists. This data is significant also in the sample using chems.
- 1 out 5 using chems tends not to properly protect during chemsex. Moreover, the trend of not knowing the HIV status of the partner persists.
- The low number of people using GHB and alcohol (8 people) suggests that a correct information of substance interactions is working.
- 3 reactive results out of 10 come from urban centers which do not have the same screening offer as Milan. The practice of sending people to treatment has adequately worked thanks to the counselors who have also followed the people after the communication of the result.
- 1 reactive individual have admitted taking PrEP on demand, but not having enough notions on drug-taking methods. This data shows that more facilities for consultation on drug-taking methods and follow up should be implemented.





1 DEC 2016: WHO APPROVAL





Published in final edited form as:

J Acquir Immune Defic Syndr. 2018 August 15; 78(5): 505–512. doi:10.1097/QAI.0000000000001709.

HIV Self-Testing Increases HIV Testing Frequency in High Risk Men Who Have Sex with Men: A Randomized Controlled Trial

**David A. Katz, PhD MPH^{a,e}, Matthew R. Golden, MD MPH^{a,b,e}, James P. Hughes, PhD^c,
Carey Farquhar, MD MPH^{a,b,d}, and Joanne D. Stekler, MD MPH^{a,b}**

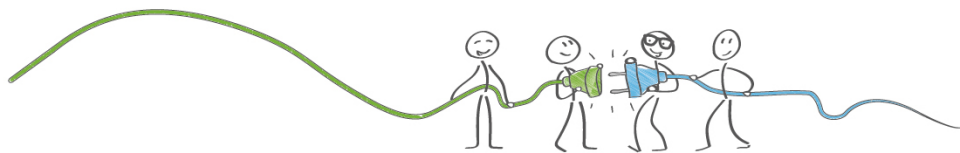
^aDepartment of Medicine, University of Washington, Seattle, WA, US

^bDepartment of Epidemiology, University of Washington, Seattle, WA, US

^cDepartment of Biostatistics, University of Washington, Seattle, WA, US

^dDepartment of Global Health, University of Washington, Seattle, WA, US

^eDepartment of HIV/STD Program, Public Health - Seattle & King County, Seattle, WA, US



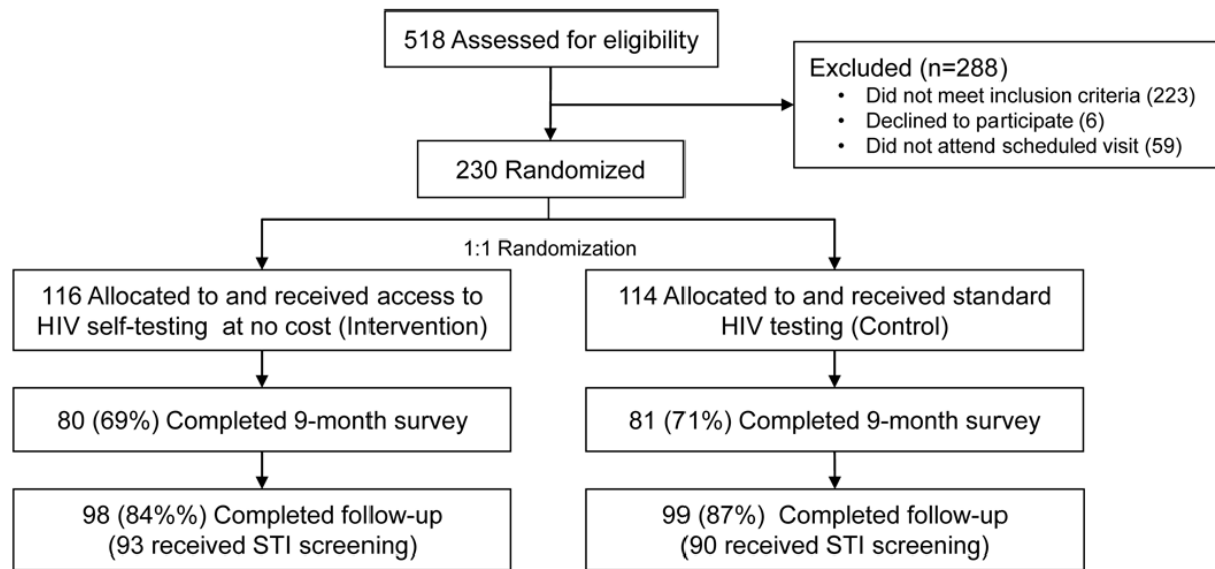


Figure 1.
Study flowchart



Characteristic	Self-Testing Arm	Control Arm
	N (%) or Median (IQR)	N (%) or Median (IQR)
	N = 116	N = 114
Any CAI with an HIV-positive partner or partner of unknown HIV status, last 3 months	37 (35%)	34 (31%)
Methamphetamine use, last 3 months	12 (10%)	10 (9%)
Inhaled nitrite use, last 3 months	39 (34%)	35 (31%)
Diagnosis of any bacterial STI at enrollment visit	9 (8%)	19 (17%)
Gonorrhea	3 (3%)	7 (6%)
Chlamydial infection	5 (4%)	11 (10%)
Syphilis	1 (1%)	3 (3%)
Accepted HIV testing reminders	97 (84%)	89 (78%)



HIV Self-Testing in Italy

Silvia Pittalis, MD*

Nicoletta Orchi, MD†

Gabriella De Carli, MD†

Assunta Navarra, BS*

Giacomina Chiaradia, MD*

Vincenzo Puro, MD†

Enrico Girardi, MD*

J Acquir Immune Defic Syndr • Volume 76, Number 3, November 1, 2017

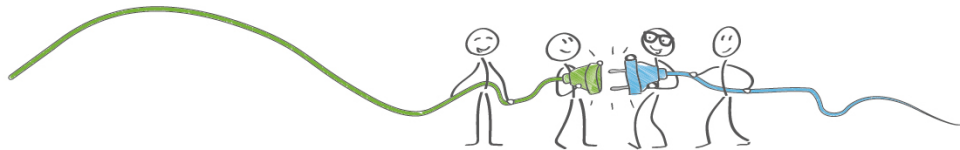


TABLE 1. Characteristics of Individuals First Diagnosed With HIV Through Self-Testing Compared With Those Diagnosed Through Conventional Facility-Based Testing During the Same Period and in the Preceding Year, Rome, Italy

Characteristics	Diagnosed Between December 1, 2016, and May 31, 2017		Diagnosed Between December 1, 2015, and May 31, 2016
	Through Self-Testing, n (%)	Through Conventional Facility-Based Testing, n (%)	Through Conventional Facility-Based Testing, n (%)
Sex			
Male	9 (100)	27 (90)	62 (85)
Female	0 (0)	3 (10)	11 (15)
Born in Italy			
Yes	9 (100)	21 (70)	54 (74)
No	0 (0)	9 (30)	19 (26)
Transmission category			
Men having sex with men	9 (100)	26 (87)	53 (73)
Other	0 (0)	4 (13)	20 (27)
Previous negative HIV tests			
Yes	3 (33)*	24 (80)	53 (73)
No	6 (67)	6 (20)	20 (27)
CD4 cells count <350/mm ³			
Yes	0 (0)†	10 (33)	30 (41)
No	7 (100)	20 (67)	43 (59)
Age, median (IQR)‡, yrs	29 (23–33)‡	32.5 (28–41)	35 (29–41)

* $P < 0.05$ by Fisher exact test vs other diagnosed in the same period and vs those diagnosed in the previous year.
† $P < 0.05$ by Fisher exact test vs those diagnosed in the previous year.
‡ $P < 0.05$ by Mann–Whitney U test vs those diagnosed in the previous year.
§IQR: InterQuartile Range.



SUMMARY



- Testing in cruising, pub, bar is cost effective?
- HIV Self-Testing: a strategy in COVID-19 pandemic?
- Telemedicine discovery.

